SCARBOROUGH SCHOOL DEPARTMENT
REQUEST/PERMISSION TO ADMINISTER MEDICATION IN SCHOOL

Student's Name:_____ DOB:_____
School: _____ Grade:_____ Teacher: _____

To be completed by Physician/Private Practitioner:

Name of medication:_____
Reason for medication (Optional):_____

Form of medication/treatment:
☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other
Dosage (amount):_____
Time to be given:_____
Restrictions and/or important side effects: ☐ None anticipated
☐ Yes. Please describe in detail:_____
_____
_____
Date Prescribed:_____
Date to be Discontinued:_____
Any other necessary instructions or information: _____

This student is both capable and responsible for self-administering this medication.
☐ No ☐ Yes - supervised ☐ Yes - unsupervised
This student may carry this medication: ☐ No ☐ Yes

NOTE: THE SCHOOL NURSE MAY CONTACT YOU IF THERE ARE FURTHER QUESTIONS CONCERNING THIS MEDICATION REQUEST.

Physician's Signature:_____ Date:_____
Physician's Name:_____
Address:_____
Phone Number:_____ FAX Number:_____

To be completed by parent/guardian:

☐ I request and give permission for Scarborough School Department nurses and other trained, unlicensed personnel to administer the above named medication to _____
(Student's Name)
in accordance with Board Policy/Procedure JLCD - Administering Medications to Students.

OR:

☐ I request and give permission for _____ to self-administer the
(Student's Name)
above-named medication in accordance with Board Policy/Procedure JLCD - Administering Medications to Students.

(PLEASE SEE OTHER SIDE)

I understand and agree that if the school nurse has questions regarding the safe and effective administration of this medication as prescribed, that the nurse may contact the child's physician and obtain additional information from him or her about the medication, and I consent to the physician providing that information.

Signature:_____ Relationship:_____
Date: _____

To be completed by school:
Date received:_____ By whom:_____
Date reviewed:_____ Reviewed by:_____

Adopted: February 20, 1997

Revised: October 3, 2002
January 20, 2005